ADULT CARDIAC ARREST

FIELD ASSESSMENT/TREATMENT INDICATORS

No spontaneous pulse or respirations
Non-traumatic setting
CPR required

BLS INTERVENTIONS

1. Assess patient, maintain appropriate airway, begin CPR
2. If available, place AED and follow protocol Reference #16215

VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA

ALS INTERVENTIONS

1. Determine cardiac rhythm then Defibrillate at 200 joules. If no change, immediately follow with 300 joules then 360 joules if VF/VT persists. (For agencies utilizing bi-phasic technology, follow the manufactures' guidelines.)
2. Establish advanced airway
3. Obtain vascular access. If unable to obtain vascular access, medications may be given Transtracheal per protocol Reference #4013.
4. Epinephrine 1.0mg IV/IO May repeat every 3-5 minutes, maximum 3mg
5. Lidocaine 1.0mg/kg IV/IO (Begin a maintenance dose of 2-4mg/min if patient converts)
6. For refractory VF, give Lidocaine 0.5mg/kg every 5 minutes until maximum dose of is 3mg/kg is reached.
7. Defibrillate at 360 joules (or bi-phasic equivalent) after each medication administration
8. Naloxone 2.0mg IV/IO and/or dextrose 50% 25gms IV if indicated by history
9. Consider immediate Transcutaneous Pacing per protocol Reference #4005 for witnessed Asystole
10. NG tube insertion to relieve gastric distention
11. Contact Base Hospital

PULSELESS ELECTRICAL ACTIVITY (PEA)

ALS INTERVENTIONS

1. Establish advanced airway, and assess for reversible causes and initiate treatment
2. Obtain vascular access, and give fluid bolus of 300cc NS IV. If unable to obtain vascular access, medications may be given Transtracheal per protocol Reference #4013.
3. Epinephrine 1.0mg IV/IO. May repeat every 3-5 minutes, maximum 3mg.
4. Atropine 1.0mg IV/IO, repeat every 3-5 minutes, maximum 3mg (for monitored rates below 60)
5. Naloxone 2.0mg IV/IO and/or dextrose 50% 25gms IV/IO if indicated by history
6. NG tube insertion to relieve gastric distention
7. If patient remains in PEA after successful intubation, initial medications and no reversible cause identified, consider termination of resuscitative efforts by base hospital physician order.

ASYSTOLE

ALS INTERENTIONS

1. Establish advanced airway
2. Obtain vascular access, and give fluid bolus of 300cc NS IV. If unable to obtain vascular access, medications may be given Transtracheal per protocol Reference #4013.
3. Confirm Asystole in 2 leads.
4. Epinephrine 1.0mg IV/IO. May repeat every 3-5 minutes, maximum 3mg
5. Atropine 1.0mg IV/IO, may repeat every 3-5 minutes, maximum of 3mg
6. Naloxone 2.0mg IV/IO and/or dextrose 50% 25gms IV/IO if indicated by history
7. Consider immediate Transcutaneous Pacing per protocol Reference #4005 for witnessed Asystole
8. NG tube insertion to relieve gastric distention
9. If patient remains in asystole or other agonal rhythms after successful intubation and initial medications with no reversible causes identified, consider termination of resuscitative efforts by base hospital physician order.